

MARYLAND HEALTH CARE COMMISSION

Thursday, May 18, 2006

Minutes

Chairman Salamon called the meeting to order at 1:10 p.m.

Commissioners present: Conway, Falcone, Krumm, Moffit, Moore, Nicolay, Pollak, Risher, Todd, Toulson, and Wilensky

ITEM 1.

Approval of the Minutes

Commissioner Sharon Krumm made a motion to approve the Minutes of the April 20, 2006 meeting, which was seconded by Commissioner Robert Moffit, and unanimously approved.

ITEM 2.

Update on Commission Activities

- Data Systems and Analysis
- Health Resources
- Performance and Benefits
- Health Information Technology

Ben Steffen, Deputy Director for Data Systems and Analysis, said that the Commission has released two research briefs, *“Patterns of Use and Spending for High-Cost Drug Users, 2004: Non-Elderly Maryland Residents with Private Insurance”* and *“Maryland Employment in Health Care”*. Mr. Steffen noted that both briefs are available on the Commission’s website.

ITEM 3.

ACTION: COMAR 10.24.18 – State Health Plan: Specialized Health Care Services: Neonatal Intensive Care Services

Dolores Sands, Chief of Specialized Health Care Services, presented regulations for proposed action regarding Neonatal Intensive Care Services. She said this action will make the levels of care consistent with the most recent Maryland Perinatal System Standards, which were developed by the Perinatal Clinical Advisory Committee of the Maryland Department of Health and Mental Hygiene and adopted by the State Emergency Medical Services Board. Ms. Sands said that the amendments include a cross-reference to the State Health Plan chapter governing acute hospital inpatient obstetric services. She also said the proposed changes will remove outdated statistical information and make several technical corrections. Commissioner Robert Conway made a motion that the Commission approve the proposed changes to the regulations, which was seconded by Vice Chair Gail Wilensky and unanimously approved.

ACTION: COMAR 10.24.18 – State Health Plan: Specialized Health Care Services: Neonatal Intensive Care Services is hereby APPROVED.

ITEM 4.

ACTION: COMAR 10.24.06 – Data Reporting by Freestanding Medical Facilities

Pam Barclay, Deputy Director for Health Resources, presented proposed regulations governing the reporting of data by freestanding medical facilities. Ms. Barclay said that HB 426, which passed during the 2005 legislative session, allows the establishment of a freestanding medical facility on a pilot basis and required the facility to provide the Commission with information on the operation and utilization of the facility. Commissioner Robert Nicolay made a motion that the Commission approve the proposed regulations, which was seconded by Commissioner Nevins Todd and unanimously approved.

ACTION: COMAR 10.24.06 – Data Reporting by Freestanding Medical Facilities is hereby APPROVED.

ITEM 5.

ACTION: COMAR 10.24.01 – Certificate of Need for Health Care Facilities

Suellen Wideman, Assistant Attorney General, presented proposed regulations which amend the current regulations in order to conform to the legislative changes to the Certificate of Need program enacted by the General Assembly. She said the legislation, SB832/HB1015, will become effective June 1, 2006. Commissioner Robert Nicolay made a motion that the Commission approve the proposed regulations, which was seconded by Commissioner Clifton Toulson and unanimously approved.

ACTION: COMAR 10.24.01 – Certificate of Need for Health Care Facilities is hereby ADOPTED as proposed permanent regulations.

ITEM 6.

ACTION: Certificate of Need – Modification: Johns Hopkins Hospital, Docket No. 03-24-2123

Paul Parker, Chief, Certificate of Need, said that Johns Hopkins Hospital filed a request for a modification to its Certificate of Need for the construction of new patient towers. He said the proposed modification of the project involves changes to the physical plant design to reconfigure and add floors to the new clinical towers. Mr. Parker also noted the changes to the project's budget are a result of construction cost increases, scope of work changes, equipment changes, greater use of consultant services, and higher contingency allowances. After discussion, Commissioner Debra Risher made a motion to approve the modification to the Certificate of Need, which was seconded by Commissioner Nevins Todd and the unanimously approved by the Commission. Commissioner Sharon Krumm recused herself from consideration of this matter.

ACTION: Certificate of Need – Modification: Johns Hopkins Hospital, Docket No. 03-24-2123 is hereby APPROVED.

ITEM 7.

ACTION: Metropolitan Baltimore Region Applications for Primary Percutaneous Coronary Intervention (PCI) Waiver

Chairman Salamon said that seven hospitals in the Metropolitan Baltimore region currently provide primary percutaneous coronary intervention services without onsite cardiac surgery services. Those seven hospitals are seeking a two-year waiver that would allow them to continue to provide this service. Dr. Rex Cowdry outlined the process used by the Commission in reviewing these waiver applications. He asked Dolores Sands, Chief, Specialized Health Care Services to present the staff recommendation on the applications for Commission action.

- ***Anne Arundel Medical Center, Docket No. 06-02-0004 WN***

Ms. Sands presented the staff's analysis of the application for a two-year PCI waiver submitted by Anne Arundel Medical Center. She said the Commission staff analyzed the consistency of the application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that based on the review and analysis, staff concluded that the application of Anne Arundel Medical Center is consistent with the requirements specified in COMAR 10.24.17.05D(1). She said that staff therefore recommends that the Commission issue a primary PCI waiver to Anne Arundel Medical Center for a period of two years, but noted that staff will monitor door-to-balloon times using more recent data from the Commission's primary PCI registry. After discussion, Commissioner Andrew Pollak made a motion to approve the staff recommendation, which was seconded by Commissioner Nevins Todd and unanimously approved.

ACTION: Anne Arundel Medical Center, Docket No. 06-02-0004 WN, PCI Waiver for a period of two years, is hereby GRANTED.

- ***Baltimore Washington Medical Center, Docket No. 06-02-0002 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Baltimore Washington Medical Center (BWMC). She said that Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that, based on its review and analysis, staff concluded that the application of Baltimore Washington Medical Center is not consistent with the requirements specified in COMAR 10.24.17.05D(1). She noted that based on the data reported in the application, BWMC did not meet the door-to-balloon threshold of 80 percent; did not meet the requirement for monthly meetings of a multiple care area group; and BWMC has not confirmed that the physician newly out of fellowship fulfilled the minimum volume requirements before being allowed to perform primary PCI alone at BWMC, and has not indicated the actual number of fellowship or proctored cases performed. Based on this analysis, staff recommended that the Commission issue a conditional primary PCI waiver to Baltimore Washington Medical Center for a period of one year. Ms. Sands noted that in order to receive this conditional waiver, BWMC must provide information regarding Physician Resources, Requirement (2) no later than July 31, 2006. Staff will monitor the team coverage to ensure that the availability of staff is consistent with the Institutional Resources, Requirement (3), and the meetings of the multiple care area group are consistent with the Institutional Resources, Requirement (4)(iii). Ms. Sands noted that the Commission received a letter from the Baltimore Washington Medical Center offering information to correct certain information reported in the staff findings. The letter from BWMC requested further clarification regarding the description of data collection for certain performance measures. BWMC also attached a letter noting the actual procedure logs for Dr. Sam Yoon from his fellowship, which indicates that Dr. Yoon is in compliance with meeting the required number of cases. After discussion, Commissioner Garret Falcone made a motion to approve the staff recommendation to issue a one year conditional waiver to the Baltimore Washington Medical Center, which was seconded by Commissioner Robert Conway and unanimously approved, with the exception of Commissioner Pollak, who recused himself from consideration of this matter.

ACTION: Baltimore Washington Medical Center, Docket No. 06-02-0002 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Franklin Square Hospital Center, Docket No. 06-03-0001 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Franklin Square Hospital Center. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that based on its review and analysis, staff concluded that the application of Franklin Square Hospital Center is not consistent with the requirements specified in COMAR 10.24.17.05D(1). She said that, for most of 2004, Franklin Square Hospital Center did not operate 24/7; it did not begin to provide primary PCI 24 hours per day, seven days per week until August 2004 and its days without physician coverage increased in late 2005. She also said that Franklin Square Hospital Center was below the door-to-balloon threshold of 80 percent of appropriate patients. Ms. Sands said that Franklin Square Hospital Center met the minimum institutional volume during the last two years; however, it did not meet the required optimal volume of ≥ 49 primary PCI procedures annually in 2004. After discussion, Dr. Rex Cowdry noted that Commission staff will monitor the applicant every 90 days and provide a status report to the Commission. Commissioner Roscoe Moore made a motion to approve the staff recommendation to issue a one year conditional waiver to the Franklin Square Hospital Center, which was seconded by Commissioner Robert Conway and unanimously approved.

ACTION: Franklin Square Hospital Center, Docket No. 06-03-0001 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Howard County General Hospital, Docket No. 06-13-0003 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Howard County General Hospital. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. She said that based on the review and analysis, staff concluded that the application of Howard County General Hospital is not consistent with the requirements specified in COMAR 10.24.17.05D(1). She said that Howard County General Hospital did not provide primary PCI 24 hours per day, seven days per week and did not meet the door-to-balloon threshold of 80 percent in 2005. Ms. Sands also said that Howard County General Hospital did not meet the requirement for monthly meetings of a multiple care area group nor did they meet the required optimal institutional volume during the last two years. Ms. Sands noted that Howard County General Hospital submitted a letter to the Commission providing clarification to the staff findings. Ms. Sands noted that staff will monitor the meetings of the multiple care area group to ensure that they are consistent with the Institutional Resources, Requirement (4)(iii). Commissioner Garret Falcone made a motion to approve the staff recommendation to issue a one year waiver to the Howard County General Hospital, which was seconded by Commissioner Andrew Pollak and unanimously approved, with the exception of Commissioner Krumm, who recused herself from consideration of this matter.

ACTION: Howard County General Hospital, Docket No. 06-13-0003 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Johns Hopkins Bayview Medical Center, Docket No. 06-24-0005 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Johns Hopkins Bayview Medical Center. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. She said that based on the review and analysis, staff concluded that the application of Johns Hopkins Bayview Medical Center is not consistent with the requirements specified in COMAR 10.24.17.05D(1). Ms. Sands said that Johns Hopkins Bayview Medical Center did not meet the requirement to provide primary PCI services nor did it meet the door-to-balloon threshold of 80 percent. She also said that two physicians who performed primary PCI at Johns Hopkins Bayview Medical Center did not meet the ACC/AHA criteria for competency of 75 or more total PCI cases per year in 2004; four in 2005. Ms. Sands said that Johns Hopkins Bayview Medical Center did not meet the minimum institutional volume during the last two years. She also said that the Commission received a letter Johns Hopkins Bayview Medical Center responding to the report's four major conclusions. Ms. Sands said that staff recommended the Commission issue a conditional primary PCI waiver to Johns Hopkins Bayview Medical Center for a period of one year. After discussion, Commissioner Robert Conway made a motion to approve the staff recommendation, which was seconded by Commissioner Debra Risher and unanimously approved. Commissioner Krumm recused herself from consideration of this matter.

ACTION: Johns Hopkins Bayview Medical Center, Docket No. 06-24-0005 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Mercy Medical Center***

Ms. Sands presented the application for a two-year PCI waiver submitted by Mercy Medical Center. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. She said that based on the review and analysis, staff concluded that the application of Mercy Medical Center is not consistent with the requirements specified in COMAR 10.24.17.05D(1). Ms. Sands said that, based on data reported in the application, Mercy Medical Center did not meet the door-to-balloon threshold of 80 percent. She also said it did not meet the requirement for monthly meetings of a multiple care area group. Ms. Sands noted that the transfer agreement did not include the specific provisions in the requirement. She also noted that Mercy Medical Center's policy on the Interfacility Transport of C-PORT Primary Angioplasty Patients does not include the specific provisions in the requirement and it did not meet either the minimum institutional volume or the required optimal volume during 2005. Mercy Medical Center submitted a letter to the Commission in response to the areas in questions concerning its collaboration and emergency transport agreements with University of Maryland. Ms. Sand said that staff recommended that the Commission issue a conditional primary PCI waiver to Mercy Medical Center for a period of one year. She also said Mercy Medical Center must provide transfer and transport agreements with specific provisions in the regulations no later than July 31, 2006 to receive this conditional waiver. Staff will monitor the meetings of the multiple care area group to ensure that they are consistent with the Institutional Resources, Requirement (4)(iii). After discussion, Commissioner Clifton Toulson made a motion to approve the staff recommendation, which was seconded by Vice Chair Gail Wilensky and unanimously approved.

ACTION: Mercy Medical Center, Docket No. 06-24-0005 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***St. Agnes Hospital, Docket No. 06-24-0007 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Saint Agnes Hospital. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. She said that based on the review and analysis, staff concluded that the application of St. Agnes Hospital is not consistent with the requirements specified in COMAR 10.24.17.05D(1). She said St. Agnes Hospital did not meet the door-to-balloon threshold of 80 percent; the agreement that guarantees arrival of the ambulance within 30 minutes of a request was not formally executed by both parties; and the transport agreement does not include the specific provision in the requirement. St. Agnes Hospital submitted a letter to the Commission in response to the staff recommendation concerning its transfer agreement. Staff recommended that the Commission issue a primary PCI waiver to St. Agnes for a period of one year, on condition that the hospital provide transfer and transport agreements with the specific provisions in the regulations no later than July 31, 2006. After discussion, Commissioner Garret Falcone made a motion to approve the staff recommendation, which was seconded by Commissioner Robert Conway and unanimously approved.

ACTION: St. Agnes Hospital, Docket No. 06-24-0007 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED

ITEM 8.

PRESENTATION: *Summary of Small Group Carrier Experience for Calendar Year 2005*

Chairman Stephen Salamon announced that this was the beginning of the annual review of the Comprehensive Standard Health Benefit Plan (CSHBP) with the report on the financial survey of carriers. He asked Janet Ennis, Chief, Benefits Analysis, to present the findings of the report. Ms. Ennis said that the report contains a summary of carrier experience for calendar year ending December 31, 2005 including the: number of covered lives; number of employer groups; number of policies; premiums earned; claims incurred; and loss ratios. Ms. Ennis reminded the Commission that the CSHBP must be offered by insurance carriers to small employers on a guaranteed issue, guaranteed renewal basis, without pre-existing condition limitations, and the rates are based on age and geographic location of the business. She said that the overall cost of the CSHBP for calendar year 2005 was estimated at 103% of the affordability cap. Ms. Ennis noted that the full effect of the regulatory changes adopted by the Commission that become effective on July 1, 2006 will only become evident in the May 2008 report, covering calendar year 2007. Ms. Ennis concluded that Maryland's small group market remained highly concentrated by two prominent carriers in 2005; however, their combined market share decreased by about 2%, from 94% in 2004 to 92% in 2005.

ITEM 9.

PRESENTATION: *Results from Focus Groups*

Carol Christmyer, Chief, Special Projects, presented the results from focus group meetings regarding the Commission's quality performance reporting system. She said the purpose of the focus groups was to gain a better understanding of the experience of Marylanders in finding and using information to make important health care decisions, and also to gather ideas about how the Commission might improve its approach to providing consumers with useful information. Ms. Christmyer said there were three focus group sessions: hospital and ambulatory surgery; HMO/POS, and long term care services. She discussed the quality and quantity of information available and said the five main sources of information that the participants used for making health care decisions were: recommendations for other people; governmental sources; individual facilities; health plans; and published materials. Ms. Christmyer also discussed the focus group participants' recommendations to improve the guide. The participants of the focus group wanted more information on consumer satisfaction surveys; an area on the website for the consumers to give feedback; information on the alternatives to facility-based long-term care; a "101 guide" on what they needed to know to make better choices; additional facility-specific information; and additional policy information.

ITEM 10.

Adjournment

There being no further business, the meeting was adjourned at 4:10 p.m., upon motion of Commissioner Moffit, which was seconded by Commissioner Krumm, and unanimously approved by the Commissioners.